PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL

for FY 2005

Complete if Known				
Application Number	10/526,532			
Filing Date	March 2, 2005			
First Named Inventor	Terry Wayne Lockridge			
Examiner Name	Jonathan V. Lewis			
Art Unit	2425			

L	Applicant clain	Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2425			_ [
<u>/</u>	TOTAL AMOUNT C	DTAL AMOUNT OF PAYMENT (\$) 1920.00		Attomey Docket N	o. PU020413	PU020413			
METHOD OF PAYMENT (check all that apply)									
9	Check Credit card Money Order Other (please identify): Customer Number 24498								
	Deposit Accour				Deposit Accoun		THOMSON LICENSI	NG LLC.	
	_	entified deposit ee(s) indicated		Director is hereby	authorized to: (c	-		ot for the filing fe	2
		ny additional f	ee(s) or und	derpayments of		y overpayme	•	are many let	•
V	fee(s) under WARNING: Information Information and author	37 CFR 1.16 on this form ma rization on PTO-2	y become put	blic. Credit card in				de credit card	
-	FEE CALCULATION				-				-
1	I. BASIC FILING, SE	ARCH, AND E	XAMINATIO	N FEES					
	,	FILING FE			H FEES Small Entity	EXAMI	EXAMINATION FEES Small Entity		
,	Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
	Utility	300	150	500	250	200	100	recording)	
	Design	200	100	100	50	130	65		
	Plant	200	100	300	150	160	80		
	Reissue	300	150	500	250	600	300		
F	Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity									
Fee Description Fee (\$)					Fee (\$)				
E	Each claim over 20 (inclu	uding Reissues)					50	25	
Each independent claim over 3 (including Reissues) 200						100			
	Multiple dependent claim Fotal Claims		a Claime	Foo (*)	Foo Baid (\$)		360 Multiple Depends	180	
Total Claims						Fee Paid (\$)			
۲	HP = highest number of total claims paid for, if greater than 20.								
1	Independent Claims								
H	IP = highest number of								
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
1	Total Sheets	Extra Shee	ts <u>Nu</u>	ımber of each a	dditional 50 or fr	action thereof	Fee (\$)	Fee Paid (\$)	
	- 100 =		/ 50 =	(roun	d up to a whole n	umber) x		_ =	
						Fees Paid (\$)			
E	Extension for response within third month 1110.00								
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_	RCE Fee				 			810.00	
S	UBMITTED BY			Registration No.					_
			1 '			1			

SUBMITTED BY								
Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 480-5223			
Signature	Vino	The/			Date: 6/08/09			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Petatrent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VAZ 2313-1450. DNOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VAZ 2313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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INN 1 2 3.009 E	FEE TRANSMITTAL
\ 3	for FY 2005
The TRAPPORT	☐ Applicant claims small entity status. See 37 CFR 1.27

FEE TRANSMITTAL

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Filing Date	March 2, 2005			
First Named Inventor	Terry Wayne Lockridge			
Examiner Name	Jonathan V. Lewis			
Art Unit	2425			
	DUDGO 440			

TOTAL AMOUNT O	F PAYMENT	(\$) 1920	.00	Attorney Docket No.	PU02041	3		
METHOD OF PAYMENT (check all that apply)								
Deposit Accoun For the above-ide	•			Deposit Account N y authorized to: (che		THOMSON LICENSII	NG LLC.	
	e(s) indicated		4	<i>,</i> = -	` '	•	t for the filing fee	
fee(s) under :			derpayments o	[†] ⊠ Credit any	overpayme	ents		
WARNING: Information information and author	on this form ma	y become put	olic. Credit card Ir	nformation should not	be included	on this form. Provi	de credit card	
FEE CALCULATION	· · · · · · · · · · · · · · · · · · ·						_	
1. BASIC FILING, SE	FILING FEE			CH FEES Small Entity	EXAM	INATION FEES Small E	ntity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)	
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Each claim over 20 (inclu	ding Reissues)					50	25	
Each independent claim over 3 (including Reissues)						100		
Multiple dependent claim						360	180	
<u>Total Claims</u>		a Claims	<u>Fee (\$)</u>	Fee Paid (\$)		Multiple Depende		
- 20 d HP = highest number of t	or HP = otal claims paid fo	or if greater th		·		Fee (\$)	Fee Paid (\$)	
The English Hamber of C					_			
Independent Claims		<u>Claims</u>	Fee (\$)	Fee Paid (\$)				
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
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Total Sheets	Extra Shee	ts <u>Nı</u>	umber of each a	additional 50 or frac	tion therec	of Fee (\$)	Fee Paid (\$)	
- 100 =		/ 50 =	(rou	nd up to a whole nur	mber) x		_ =	
4. OTHER FEE(S)	tible detection						Fees Paid (\$)	
Extension for respons	e witnin third m	ontn					1110.00	
RCE Fee							810.00	
SUBMITTED BY								
			Registration No.					

SUBMITTED BY							
Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 480-5223		
Signature	Vano In				Date: 6/08/09		

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